[Participating Agency Logo]

**Revocation of Consent and Authorization**

I, [name of the participant], understand and recognize that the **Participating Agency** and the **Coordinate System Derecho a Techo**, are affiliated or part of **Proyecto Enlace**, and hereby express the following:

1. I have authorized and accepted the collection of my personal information, on paper or in electronic media, the preparation of files related to the services provided by the Participating Agency [name of the participating agency], and to share such information with Proyecto Enlace and the Coordinated System Derecho a Techo, and other Participating Agencies that are part of Proyecto Enlace.
2. This document revokes any authorization and consent to the sharing of such information. I understand that this will apply upon delivery of this document, and that it will not apply to previously shared information, under the authorization and consent previously provided.
3. I have been oriented that I will not be deprived of the services offered by the Participating Agency and the Coordinated System Derecho a Techo, nor will I be discriminated against by signing this document and revoke the authorization.

**Revocation of Authorization to Disclose Personal Information**

I, [participant name], social security number (last 4 digits) revoked the authorization previously granted for the Participating Agency and the Coordinate System Derecho a Techo.

 Participant's name (mould letter) Participant Signature

Date